



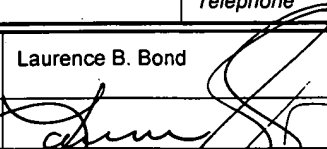
Please type a plus sign (+) inside this box → 

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b>   |  | Attorney Docket No. 2645-6255US   |                    |
|---|--|---|--------------------|
| <b>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</b>   |  | First Inventor  | Brandt Powell Hott |
|   |  | Title INTERNET WIDE DISTRIBUTED DATA CONTROL SYSTEM   |                    |
| Express Mail Label No. EIL994821761US   |  | <b>10736319</b><br><br>121503  |                    |
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))  |  |   |                    |
| <b>APPLICATION ELEMENTS</b>   |  | <b>ADDRESS TO:</b>  |                    |
| See MPEP chapter 600 concerning utility patent application contents.  |  | Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                    |
| <div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 0 5px;">24</span>]<br/><i>(preferred arrangement set forth below)</i><ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <span style="border: 1px solid black; padding: 0 5px;">3</span>]</div> <div>5. Oath or Declaration [Total Pages <span style="border: 1px solid black; padding: 0 5px;"> </span>]<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><i>(for a continuation/divisional with Box 18 completed)</i></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> |  | <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></div> <div style="text-align: center; padding: 5px;"><b>ACCOMPANYING APPLICATIONS PARTS</b></div> <div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div> |                    |
| <div>18. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br/><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input checked="" type="checkbox"/> Continuation-in-part (CIP)    of prior application No: <u>09 / 913,053</u><br/>Prior application information: Examiner <u>Kidest Bahta</u>    Group / Art Unit: <u>2125</u></div> <div>For <b>CONTINUATION or DIVISIONAL APPS</b> only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>  |  |   |                    |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |   |                    |
| <input checked="" type="checkbox"/> Customer Number   |  | 24247   |                    |
| or <input type="checkbox"/> Correspondence address below  |  |   |                    |
| Name  |  |   |                    |
| Address   |  |   |                    |
| City  |  | State   | Zip Code           |
| Country   |  | Telephone   | Fax                |
| Name (Print/Type) Laurence B. Bond  |  | Registration No. (Attorney/Agent) 30,549  |                    |
| Signature    |  | Date  | December 15, 2003  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|   |                    |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
|---|--------------------|--|--|--------------------|----------------|-------------|-------------------|----------------------|--------------------|---------------|----------------|----------|----------------|---------------------|-------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                    | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>To be assigned</td> </tr> <tr> <td>Filing Date</td> <td>December 15, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Brandt Powell Hott</td> </tr> <tr> <td>Examiner Name</td> <td>To be assigned</td> </tr> <tr> <td>Art Unit</td> <td>To be assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2645-6255US</td> </tr> </table> |  | Application Number | To be assigned | Filing Date | December 15, 2003 | First Named Inventor | Brandt Powell Hott | Examiner Name | To be assigned | Art Unit | To be assigned | Attorney Docket No. | 2645-6255US |
| Application Number  | To be assigned     |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| Filing Date   | December 15, 2003  |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| First Named Inventor  | Brandt Powell Hott |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| Examiner Name   | To be assigned     |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| Art Unit  | To be assigned     |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| Attorney Docket No.   | 2645-6255US        |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 385</p>  |                    |  |  |                    |                |             |                   |                      |                    |               |                |          |                |                     |             |

| <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                <input type="checkbox"/> Credit card                <input type="checkbox"/> Money Order                <input type="checkbox"/> Other                <input type="checkbox"/> None           </p> <p> <input checked="" type="checkbox"/> Deposit Account:           </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Deposit Account Number: 20-1469</p> <p>Deposit Account Name: TraskBritt</p> </div> <div style="width: 50%;"> <p><b>The Director is authorized to: (check all that apply)</b></p> <p> <input type="checkbox"/> Charge fee(s) indicated below                  <input checked="" type="checkbox"/> Credit any overpayments<br/> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p> </div> </div>   |          |              |          |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
|--|----------|--------------|----------|--|--------------|----|--------------|---|-----------------|----------|----------|----------|----------|--------------------|------|-----|------|-----|-------------------------------------|-----|------|-----|--------------------|-----|--|--|------|-----|------|-----|---------------------------|--------------|------|--------------|------|-----------------|--|----------|----------|----------|----------|------|--|------|---------------------|------------------------|------|--------|---|----------|------|-----------------------------------|------|------|--|------|------|---------------------------------------|------|------|---|------|------|--|------|------|--|------|------|--|------|---------------------|---|--|------|-------|--------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--|
| <p><b>FEE CALCULATION</b></p>  |          |              |          |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>385</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 385)</td> </tr> </tbody> </table>  |          |              |          |  | Large Entity |    | Small Entity |   | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1001 | 770 | 2001 | 385 | Utility filing fee                  | 385 | 1002 | 340 | 2002               | 170 | Design filing fee                                      |  | 1003 | 530 | 2003 | 265 | Plant filing fee          |              | 1004 | 770          | 2004 | 385             | Reissue filing fee                     |          | 1005     | 160      | 2005     | 80   | Provisional filing fee                                 |      | <b>SUBTOTAL (1)</b> |                        |      |        |   | (\$ 385) |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid     |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1001   | 770      | 2001         | 385      | Utility filing fee   | 385          |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1002   | 340      | 2002         | 170      | Design filing fee  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1003   | 530      | 2003         | 265      | Plant filing fee   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1004   | 770      | 2004         | 385      | Reissue filing fee   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1005   | 160      | 2005         | 80       | Provisional filing fee   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |          |              |          |  | (\$ 385)     |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>20</td> <td>-20 **</td> <td>=</td> <td>0</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-</td> <td>**</td> <td>3</td> <td>X</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 0)</td> </tr> </tbody> </table>   |          |              |          |  | Total Claims | 20 | -20 **       | = | 0               | X        | 0        | =        | 0        | Independent Claims | 3    | -   | **   | 3   | X                                   | 0   | =    | 0   | Multiple Dependent |     |  |  |      | X   |      | =   | 0                         | Large Entity |      | Small Entity |      | Fee Description | Fee Paid                               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18   | 2202 | 9                   | Claims in excess of 20 |      | 1201   | 86  | 2201     | 43   | Independent claims in excess of 3 |      | 1203 | 290                                    | 2203 | 145  | Multiple dependent claim, if not paid |      | 1204 | 86                                      | 2204 | 43   | ** Reissue independent claims over original patent |      | 1205 | 18                                     | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |   |  |      |       | (\$ 0) |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Total Claims   | 20       | -20 **       | =        | 0  | X            | 0  | =            | 0 |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Independent Claims   | 3        | -            | **       | 3  | X            | 0  | =            | 0 |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent   |          |              |          |  | X            |    | =            | 0 |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid     |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1201   | 86       | 2201         | 43       | Independent claims in excess of 3  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1203   | 290      | 2203         | 145      | Multiple dependent claim, if not paid                                      |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1204   | 86       | 2204         | 43       | ** Reissue independent claims over original patent                         |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |          |              |          |  | (\$ 0)       |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5"> <p>*Reduced by Basic Filing Fee Paid    <b>SUBTOTAL (3)</b> (\$ 0)</p> </td> </tr> </tbody></table> |          |              |          |  | Large Entity |    | Small Entity |   | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052               | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |              | 1812 | 2,520        | 1812 | 2,520           | For filing a request for reexamination |          | 1804     | 920*     | 1804     | 920* | Requesting publication of SIR prior to Examiner action |      | 1805                | 1,840*                 | 1805 | 1,840* | Requesting publication of SIR after Examiner action |          | 1251 | 110                               | 2251 | 55   | Extension for reply within first month |      | 1252 | 420                                   | 2252 | 210  | Extension for reply within second month |      | 1253 | 950  | 2253 | 475  | Extension for reply within third month |      | 1254 | 1,480  | 2254 | 740                 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255   | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <p>*Reduced by Basic Filing Fee Paid    <b>SUBTOTAL (3)</b> (\$ 0)</p> |  |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid     |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1051   | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1052   | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1053   | 130      | 1053         | 130      | Non-English specification  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1812   | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1804   | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1251   | 110      | 2251         | 55       | Extension for reply within first month                                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1252   | 420      | 2252         | 210      | Extension for reply within second month                                    |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1253   | 950      | 2253         | 475      | Extension for reply within third month                                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1254   | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1255   | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1401   | 330      | 2401         | 165      | Notice of Appeal   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1402   | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1403   | 290      | 2403         | 145      | Request for oral hearing   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1451   | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1452   | 110      | 2452         | 55       | Petition to revive - unavoidable   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1453   | 1,330    | 2453         | 665      | Petition to revive - unintentional   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1501   | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1502   | 480      | 2502         | 240      | Design issue fee   |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1503   | 640      | 2503         | 320      | Plant issue fee  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1460   | 130      | 1460         | 130      | Petitions to the Commissioner  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1807   | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1806   | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 8021   | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1809   | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1810   | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1801   | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 1802   | 900      | 1802         | 900      | Request for expedited examination of a design application                  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____  |          |              |          |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p>*Reduced by Basic Filing Fee Paid    <b>SUBTOTAL (3)</b> (\$ 0)</p>   |          |              |          |  |              |    |              |   |                 |          |          |          |          |                    |      |     |      |     |                                     |     |      |     |                    |     |  |  |      |     |      |     |                           |              |      |              |      |                 |  |          |          |          |          |      |  |      |                     |                        |      |        |   |          |      |                                   |      |      |  |      |      |                                       |      |      |   |      |      |  |      |      |  |      |      |  |      |                     |   |  |      |       |        |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |

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|----------------------------|------------------|-----------------------------------|--------|--|-------------------|
| <p><b>SUBMITTED BY</b></p> |                  |                                   |        | <p><b>Complete (if applicable)</b></p> |                   |
| Name (Print/Type)          | Laurence F. Bond | Registration No. (Attorney/Agent) | 30,549 | Telephone                              | 801-531-1922      |
| Signature                  |                  |                                   |        | Date                                   | December 15, 2003 |

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